



FACSIMILE TRANSMITTAL

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DATE: 5/1/03

TO: USPTO - Michael Colaianni

LOCATION: Art Unit 1731

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Total Pages
(Including Cover Page): 10

COMMENTS: App. No. 09/878,642
our ref: DN 01-016
Inventor: Hockman

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DN 01-016

MJP: MJH

In re application of

John Albert Hoekman

Batch No.: N/A

Application No.: 09/878,642

Filed: 06/11/2001

Group Art Unit: 1731

Examiner: Michael Colaianni

For: METHOD OF REDUCING BORON REQUIRED IN A GLASS BATCH

Assistant Commissioner for Patents
Washington, D.C. 20231


CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (703) 305-7115 on the date shown below:

AMENDMENT TRANSMITTAL
REQUEST FOR RECONSIDERATION UNDER 37 CFR 1.116 - 5 pages

Date: December 9, 2002

Andrea I. Rennig


Signature

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DN 01-016

MJP/MJH

In re application of:

John Albert Hockman

Application No.: 09/878,642

Group No.: 1731

Filed: June 11, 2001

Examiner: Michael Colaianni

For: **METHOD OF REDUCING BORON REQUIRED IN A GLASS BATCH**Assistant Commissioner for Patents
Washington, DC 20231**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Addit. Fee
Total	7	Minus	19	= 0	x \$18 = \$0
Indep.	1	Minus	1	= 0	x \$78 = \$0
First Presentation of Multiple Dependent Claim					+ \$260 = \$0
Total					Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 13-3639.
 If any additional fee for claims is required, charge Account No. 13-3639.

Michael J. Herman
 SIGNATURE OF PRACTITIONER

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